

INDIANA DEPARTMENT OF TRANSPORTATION, REAL ESTATE DIVISION, RELOCATION UNIT

ACTUAL COSTS SELF – MOVE REPORT

Name \_\_\_\_\_ Address \_\_\_\_\_ Project \_\_\_\_\_ Code \_\_\_\_\_ Parcel \_\_\_\_\_

Rate for General Moving and Packing Activities \$\_\_\_\_\_/hr.

Rate for Transportation Personal Property \$\_\_\_\_\_/hr.

Date	Name	Activities Performed	Hours Worked		Total Hours	Hourly Rate	Total Cost
			From	To			
	Mileage based on odometer readings _____ mile @ \$. _____/mile = \$						
	Mileage based on odometer readings _____ mile @ \$. _____/mile = \$						
	Mileage based on odometer readings _____ mile @ \$. _____/mile = \$						
Please attach receipts for other expenses and provide an itemized list on back of page.							
						Total Itemized Receipts = \$	
						Total	\$

I certify that the above information is true and accurate to the best of my knowledge and submit this report with the attached receipts, if applicable, as evidence of the expenses incurred.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relocatee

RAAP FORM #28  
12/89

Eligible costs include all actual, reasonable and necessary costs incurred in the moving process including packing, unpacking, loading, unloading, mileage, mileage or rental rates, materials and equipment rental or purchase, storage (if approved in advance), and other expenses as appropriate.

You must attach all receipts for service, materials, and charges for other sources such as for truck rental; telephone and cable transfer, and other utility disconnect and reconnect charges; packing materials, and any labor or service charges from other than family members or business employees, as appropriate.

Please itemize all paid receipts that are submitted with this report.

Column 1			Column 2		
<u>Date</u>	<u>Item</u>	<u>Receipt Amount</u>	<u>Date</u>	<u>Item</u>	<u>Receipt Amount</u>

Receipt Total Column #1    \$\_\_\_\_\_

Receipt Total Column #2    \$\_\_\_\_\_

Receipt Total Column #1    \$\_\_\_\_\_

TOTAL ITEMIZED RECEIPTS    \$\_\_\_\_\_